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PTO/SB/22 (10-00)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) CIBT-P02-052
	In re Application of Galdes, et al.	
	Application Number 09/435733	Filed November 8, 1999
	For: METHODS & COMPOSITIONS FOR TREATING OR PREVENTING PERIPHERAL NEUROPATHIES	
	Group Art Unit 1646	Examiner M. Brannock

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|--|--|-----------|
| <input type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ _____ |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input checked="" type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ 930.00 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____ | | |
| <input type="checkbox"/> | A check in the amount of the fee is enclosed. | |
| <input type="checkbox"/> | Payment by credit card. Form PTO-2038 is attached. | |
| <input checked="" type="checkbox"/> | The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | |
| <input checked="" type="checkbox"/> | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number | 18-1945 |

I am the applicant/inventor.

- assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a). *[Handwritten signatures]*

Registration number if acting under 37 CFR 1.34(a)

January 7, 2003

Date

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

_____ 1 forms are submitted.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231, on the date shown below.

Dated: 1/7/03 Signature: Maura A. Gallagher (Maura A. Gallagher)

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